

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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۸ ۸	ient ivame		104 Station #220	Telephone Number (21 2 Establishment 9	Date of Ins (mm/dd/yr	pection)	ID#		
, 10			unber and street, city, state, zip code)	() Owner	2-12	-19	19-165		
422	20 C	Lhe	exlection Rd, New Albany, IN	616-791-2567	1	- 1 a	10		
Owner		4.	01 1 0 1 1 1750	Purpose:	Follow-uj	Releas	se Date		
14191	16/	10	189 Limited Pastnership	1. Routine	100	10	Jays		
Owner's A	ddress	2.	line 1 (D I MALACA	2. Follow-up	Summary of Violations:				
10	BOX	L	1860 (Mand) Kapidi, 1" 12 7/70,	3. Complaint					
Person in C	harge	!	11. 2 - /	4. Pre-Operational	C // NC / R/				
)0 K	17	Hipsher	5. Temporary					
Responsibl	e Person's	E-ma	il 1		Menu Type (See back of page)				
				6. HACCP	~/				
Certified F	ood Handl	er//	21	7. Other (list)	1/\(\) 2	3	4 5		
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• CRITICAI	TEMS AL	er mi	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	ለኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒኒ	L				
		,	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By		
3/0	NC		Observed a build up of d vent above Sandwich	118tm the T	"h to ko	50	Jack		
	· • -	†	vent above Sandwich	1.1.	71416		-//)		
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Received by	(name and	title p	orinted):	Inspected by (name and title pr					
Sohn Hipshen Anthony Lieber EHS									
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Floyd County Health Department Inspection Notes								
	Code#	A C/NC	Comments of the control of the contr					
	·		PIC: John Ripshor					
			CFH: N/A					
		0.0	Health Policy (Y)-N Food Code: (Y) N					
	5110	11/	Dust on Intake vent above sandwithen					
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